MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.								
1	1						61							
2		1					62							
3		1					63							
4		1					64							
5		1					65							
6		1					66							
7	1						67							
8		1					68							
9							69							
10		1					60							
11	1						61							
12		1					62							
13		1					63							
14		1					64							
15							65							
16		1					66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							1
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL NO.	3						TOTAL NO.							
TOTAL DEP.	13						TOTAL DEP.							
TOTAL	16						TOTAL							